

FINANCIAL AFFIDAVIT					
IN SUPPORT OF A REQUEST FOR AN ATTORNEY OR OTHER COURT SERVICES WITH THE PAYMENT OF FEES					
IN UNITED STATES		<input type="checkbox"/> MAGISTRATE <input checked="" type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT OR <input type="checkbox"/> OTHER PANEL (Specify below)			
IN THE CASE OF					
US		FOR ND IL		LOCATION NUMBER	
V.S. <u>FEDERAL, et al</u>		AT ED		[Redacted]	
FILED					
PERSON REPRESENTED (Show your full name)					
MICHAEL SANDERS					
CHARGE/OFFENSE (describe if applicable & check box →)					
28 USC 846					
<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor					
Magistrate Judge Sidney I. Schenier United States District Court					
1 <input type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Juvenile 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Federal Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other					
MAY 5 2008					
08cr329-3					
08cr329					
EMPLOYMENT Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: _____ IF YES, how much do you earn per month? \$ _____					
IF NO, give month and year of last employment How much did you earn per month? \$ _____					
If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____					
If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____					
ASSETS OTHER INCOME Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES RECEIVED SOURCES \$ _____					
CASH Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____					
PROPERTY Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, GIVE THE VALUE AND \$ DESCRIBE IT VALUE DESCRIPTION _____					
OBLIG DEBTS DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.) MARITAL STATUS Total No. of Dependents List ✓ SINGLE 1 _____ MARRIED _____ WIDOWED _____ SEPARATED OR DIVORCED _____					
MAY 5 2008 MICHAEL W. DORRINS U.S. DISTRICT COURT CLERK & CLERKS					
APARTMENT OR HOME: Creditors Total Debt Monthly Paymt. _____ MISC - \$ _____ _____ _____ _____					
I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)					
SIGNATURE OF DEFENDANT (OR PERSON REPRESENTED) → <u>Michael Sanders</u>					